

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/ECU

AsOfDate 08/08/2012

Voucher Vchr VchrLineDescr

Discr Account

Account

Fund

VendorName

1099

Accounting Period

Purchaseorder Invoice Number

Total Amount

Number Line

Line#

Description

Withhold

Year

Month

00305339 1 I/S Meals & Lodging

1 542200

Employee I/S Meals & L 06101

ADAMS RICH-001

2013

08

0000091657

Adams, R. 7.30-8

570.00

Total For Voucher

570.00

0000100514

8.14.12

MO

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500
 Invoice Number: Adams, R. 7.30-8.3.12
 Voucher ID: 00305339
 Invoice Date: 08/06/2012
 Voucher Style: Regular
 Total: 570.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345
 *Pay Terms: Pay Now [Schedule Payments](#)

Payment Information Find | View All First 1 of 1 Last

Scheduled Payment: 1
 *Remit to: 0000097303
 Location: 001
 *Address: 1
 ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345
 Gross Amount: 570.00 USD
 Discount: 0.00 USD
 Late Charge
 Scheduled Due: 08/06/2012
 Net Due: 08/06/2012
 Discount Due:
 Accounting Date:

Payment Method
 *Bank: WFB10
 *Account: B
 *Method: ACH ACH
 Pay Group: RE
 *Handling: N
 *Netting:
 Message: Message will appear on remittance advice.
 Messages

AGENCY NAME New Mexico Department of Health

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2
DATE 7/30/12
AGENCY CODE 66500
VOUCHER NUMBER 00305339

NAME Richard Adams

CAR LICENSE NUMBER GS 1984

SOCIAL SECURITY NUMBER 97303

MODEL Nissan

NORMAL WORK DAY 8am TO 5pm

YEAR 2011

POST OF DUTY
Ruidoso
RESIDENCE
Ruidoso

PROPOSED
(ADVANCE VOUCHER)

☐

ACTUAL
(RECOUPMENT VOUCHER)

☒

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES	ODOMETER READINGS			AMOUNTS		
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS
7/30/12	7:00am		Depart Ruidoso to Santa Fe to meet with Cabinet Secretary and OFM staff overnight Santa Fe rates apply*				135.00		135.00
7/31/12			overnight Santa Fe rates apply*				135.00		135.00
8/1/12			overnight Santa Fe rates apply*				135.00		135.00
8/2/12			Overnight Santa Fe rates apply*				135.00		135.00
8/3/12		7:00pm	Santa Fe rates apply* Depart Santa Fe to Ruidoso partial day per diem-12.0 hrs				30.00		30.00
PER DIEM IS BASED ON (CHECK ONE)									
ACTUAL <input type="checkbox"/>									
APPROVED RATES <input checked="" type="checkbox"/>									
I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.				Employee Signature		Date			

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #: GS1984	
	Year: 2011	Make: Nissan	Model: Altima			

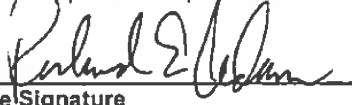

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Cabinet Secretary in Santa Fe.					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request: 07/27/12		Destination: Santa Fe			
	Departure Date: (month/day/yr)	07/30/12	Time: 07:00 AM	Return Date: (month/day/yr)	8-3-12	Time: 07:00 PM
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: @ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem: @ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only: 4 @ \$135/day	\$ 540.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee	\$ 570.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 570.00
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

<div style="display: flex; justify-content: space-between;"> <div>  Employee Signature </div> <div> 7/30/12 Date </div> </div>	<div style="display: flex; justify-content: space-between;"> <div>  Cabinet Secretary Signature <small>(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)</small> </div> <div> 7/31/12 Date </div> </div>
<div style="display: flex; justify-content: space-between;"> <div> Division Director/Hospital Administrator <small>(As per specific division requirements)</small> </div> <div> Date </div> </div>	